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PTO/SB/05 (08-00)
Approved for use through 10-31-2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Atty. Docket No. **X-735 US**

First Inventor or Appl. Identifier

John D. Logue

Title

Synchronized Multi-Output Digital Clock Manager

Express Mail Label No.

EL539650632US**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
**Commissioner for Patents
Box Patent Application
Washington, DC 20231**

- | | | | |
|--|---|----------------------|---|
| 1. <input checked="" type="checkbox"/> | *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing) | [53] | 6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> | Specification [Total Pages
(preferred arrangement set forth below)] | [24] | 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |
| | - Descriptive title of the Invention | | a. <input type="checkbox"/> Computer Readable Copy |
| | - Cross References to Related Applications | | b. Specification Sequence Listing on: |
| | - Statement Regarding Fed sponsored R & D | | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or |
| | - Reference to sequenct listing, a table, or a computer program listing appendix | | ii. <input type="checkbox"/> paper |
| | - Background of the Invention | | c. <input type="checkbox"/> Statements verifying identity of above copies |
| | - Brief Summary of the Invention | | |
| | - Brief Description of the Drawings (if filed) | | |
| | - Detailed Description | | |
| | - Claim(s) | | |
| 3. <input checked="" type="checkbox"/> | Drawing(s) (35 USC 113) | [Total Sheets
24] | 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration | | [Total Pages
2] | 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney |
| a. <input checked="" type="checkbox"/> | Newly executed (original or copy) | | 10. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> | Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 16 completed) | | 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> | DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR § 1.63(d)(2) and 1.33(b). | | 12. <input type="checkbox"/> Preliminary Amendment |
| 5. <input type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 | | 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| 14. <input type="checkbox"/> | Certified Copy of Priority Document(s) (if foreign priority is claimed) | | 15. <input type="checkbox"/> Other: |

16. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24309	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
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Name	Attn: Edel M. Young		
Address			
City	State	Zip Code	
Country	Telephone	408-879-4969	Fax
Name (Print/Type)		Edel M. Young	
Signature		<i>Edel M. Young</i>	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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PTO/SB/17 (09-00)

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 746.00)

Complete if Known

Application Number	Unknown
Filing Date	October 6, 2000
First Named Inventor	John D. Logue
Examiner Name	Unknown
Group /Art Unit	Unknown
Attorney Docket No.	X-735 US

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	24-0040
Deposit Account Name	XILINX, INC.
<input type="checkbox"/> Charge the Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	

2. Payment Enclosed: Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee	Fee Description	Fee
Fee Paid			
Code	(\$)		
101	710	Utility filing fee	\$710
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	
SUBTOTAL (1)		(\$)	710.00

2. EXTRA CLAIM FEES

Total Claims	Extra	Fee from below	Fee Paid
22	-20** =	2 X 18 =	\$36
02	- 3** =	-1 X 0 =	\$0

**or number previously paid, if greater; For Reissues, see below

Large Entity

Fee Code	Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 36.00)

3. ADDITIONAL FEES

Large Entity Fee	Fee	Fee Description	Fee Paid
Code	(\$)		
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet.	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Edel M. Young	Registration No. (Attorney/Agent)		Telephone	408-879-4969
Signature	Edel M. Young			Date	10-06-2000

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ACCOMPANYING APPLICATION PARTS

8. Assignment Papers (cover sheet & document(s))
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or Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Attn: Edel M. Young		
Address			
City	State	Zip Code	
Country	Telephone	408-879-4969	Fax 408-377-6137

Name (Print/Type)	Edel M. Young	Registration No. (Attorney/Agent)	32,451
Signature	<i>Edel M. Young</i>		Date October 6, 2000

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